

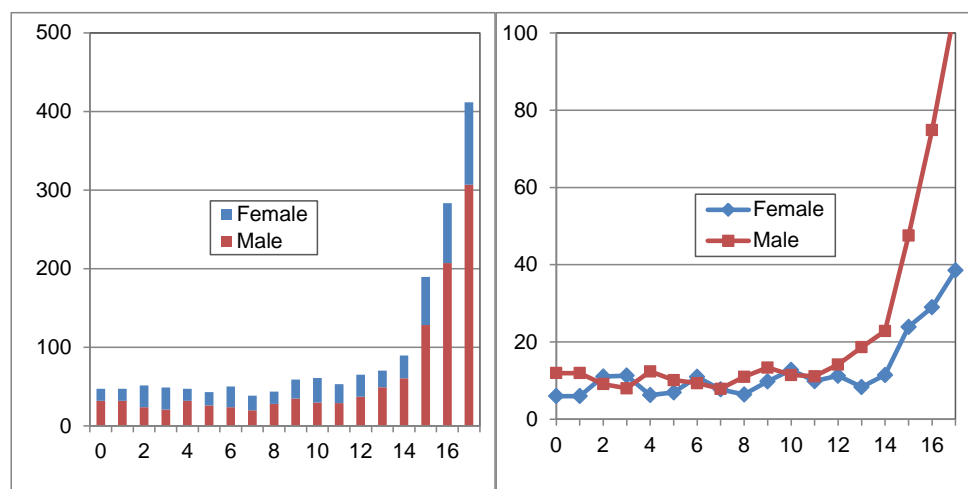
Traffic Safety Basic Facts 2012

Children (Aged <15)

In this Basic Fact Sheet, 'children' are defined as those who are aged below 15 years. (The age at which people are allowed to drive a motor vehicle varies across the EU, but 14 year olds appear, on the whole, to fit into this group rather than with 'young people'.) Children tend to be thought of as innocent victims of road accidents more often than is the case for adults.

Figure 1 shows the number of fatalities in 2010 by single year of age, calculated across the 24¹ EU member states with CARE data (listed in Table 1). It also shows the number of fatalities per million population. The figure shows that 14 is the age at which the risk of death in a road accident begins to rise steeply.

Figure 1: Number of fatalities in EU-24 by year of age, and number per million population, 2010



2009 fatality data for EE, NI, NL and SE are used as proxies for the 2010 data

Source: CARE Database / EC
Date of query: September 2012
Source of population data: EUROSTAT

Table 1 presents the number of children killed in each country from 2001, with the totals for the 19 countries with CARE data available for most of the decade.

¹ 2009 data for EE, NI, NL and SE

About 830 children died in road traffic accidents in 2010 in 24 EU countries (listed in Table 1).

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Children (Aged <15)

Youngsters (Aged 15-17)

Young People Aged 18-24

The Elderly (Aged >64)

Pedestrians

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Motorcycles & Mopeds

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Heavy Goods Vehicles

Motorways

Junctions

Roads in urban areas

Roads outside urban areas

Seasonality

Single vehicle accidents

Gender

Causation

Table 1: Number of fatalities aged <15 per country, 2001-2010²³

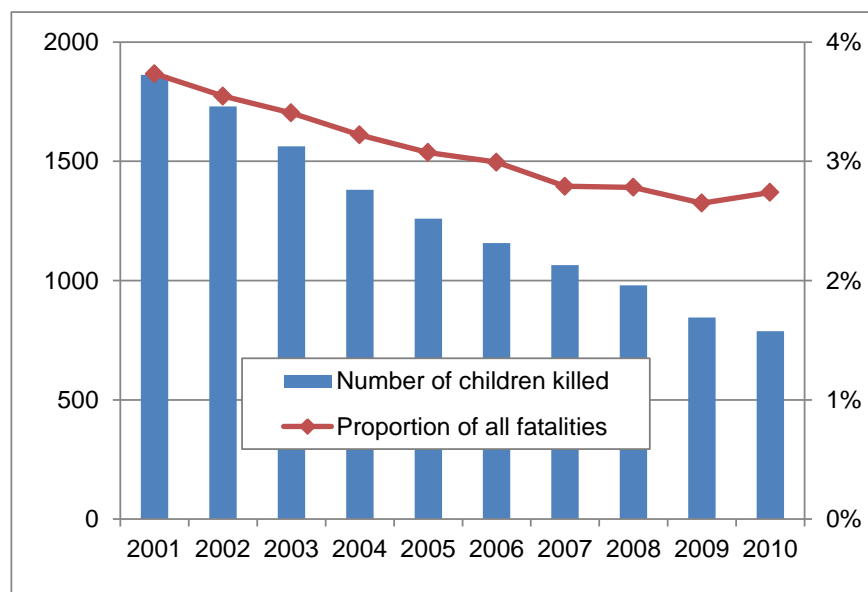
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
BE	63	36	32	26	37	32	30	35	16	23
CZ	38	46	38	27	41	32	25	19	16	17
DK	21	14	22	20	13	13	20	19	10	9
DE	231	216	208	153	159	136	111	102	90	104
IE	26	18	16	7	9	15	15	18	10	6
EL	47	47	45	43	44	36	42	35	43	30
ES	160	151	156	127	120	109	99	83	61	79
FR	273	245	203	175	130	120	150	114	122	130
IT	187	196	148	124	131	110	95	85	71	69
LU	5	3	1	0	4	0	2	0	6	0
NL	48	37	64	35	31	37	36	23	23	-
AT	26	25	37	22	25	23	13	12	15	10
PL	262	248	231	228	167	151	157	146	128	112
PT	56	62	55	48	31	22	27	23	23	18
RO	187	188	117	163	152	145	117	137	125	95
SI	4	3	3	9	10	9	6	4	2	2
FI	19	18	22	13	21	5	14	8	6	7
SE	18	18	21	14	10	16	10	6	9	-
UK	192	160	145	147	125	147	96	110	69	45
EU-19	1.862	1.730	1.564	1.381	1.260	1.158	1.065	979	845	788
Yearly reduction		7.1%	9.6%	11.7%	8.8%	8.1%	8.0%	8.1%	13.7%	6.8%
EE	-	-	-	-	12	6	6	3	4	-
LV	-	-	-	-	-	14	11	11	7	9
HU	-	-	32	38	34	42	37	24	22	20
MT	-	-	-	-	3	0	0	0	1	1
SK	-	-	-	-	19	13	28	23	9	11

2009 data for NI are used to estimate 2010 data for UK

Source: CARE Database / EC
Date of query: September 2012

The EU-19 total is presented in Figure 2. The number of children killed in road traffic accidents fell from 1.862 in 2001 to 788 in 2010, a fall of 58%.

Figure 2: Number of child fatalities and proportion of total fatalities, EU-19, 2001-2010



2009 fatality data for EE, NI, NL and SE used as proxies for the 2010 data

Source: CARE Database / EC
Date of query: September 2012

The annual number of children killed in road traffic accidents fell by over a half between 2001 and 2010 in the EU-19 countries.

The proportion of fatalities that were children fell steadily from 2001 but rose slightly in 2010.

² The country abbreviations used and definition of EU-level are shown on Page 16

³ Where a number is missing for an EU-19 country in a particular year (EE, NI, NL & SE in 2010), its contribution to the EU-19 total is estimated as the previous known value.

Children are, on average, at about one sixth of the risk of dying in a road traffic accident as the average person.

In most EU countries children are at less than a quarter of the risk of dying in a road traffic accident of the average person.

The following tables and figures analyse the CARE data for 2010 in greater detail (2009 data for EE, NL and SE, also 2009 data for NI used to estimate 2010 data for UK). Table 2 shows the national fatality rate for children and the fatality rate for each nation's population as a whole. Where the children's fatality rate is higher than the overall fatality rate, children are at greater risk than the overall population, and *vice versa*. This comparison is made more precisely by:

$$\text{relative rate} = \frac{\text{fatality rate aged below 15}}{\text{fatality rate all ages}}$$

$$\text{where fatality rate} = \frac{\text{fatalities}}{\text{population (millions)}}$$

Table 2: Child fatality proportions per country, 2010

	Fatality rate:		Relative child fatality rate
	Children	All ages	
BE	13	77	0,16
CZ	11	76	0,15
DK	9	46	0,20
DE	9	45	0,21
EE	20	73	0,27
IE	6	47	0,13
EL	18	111	0,17
ES	12	54	0,21
FR	11	64	0,18
IT	8	68	0,12
LV	29	97	0,30
LU	0	64	0,00
HU	14	74	0,18
MT	15	31	0,49
NL	8	39	0,20
AT	8	66	0,12
PL	19	103	0,19
PT	11	88	0,13
RO	29	111	0,26
SI	7	67	0,10
SK	13	68	0,19
FI	8	51	0,15
SE	6	38	0,15
UK	4	32	0,13
EU-24	11	62	0,18

2009 fatality data for EE, NI, NL and SE used as proxies for the 2010 data

Source: CARE Database / EC
Date of query: September 2012
Source of population data: EUROSTAT

Children made up 2,8% of fatalities in road traffic accidents in the EU-24 countries in 2010, and about 16% of the population. They are at about a sixth of the risk of dying in a road traffic accident of the average member of the population across the EU-24 as a whole. This varies from about one tenth in Belgium, Slovenia and Sweden to almost one third in Ireland, as shown in Figure 3. (The figures for LU and MT are based on small numbers).

Main Figures

Children (Aged < 15)

Youngsters (Aged 15-17)

Young People (Aged 18-24)

The Elderly (Aged > 64)

Pedestrians

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Car occupants

Heavy Goods Vehicles

Motorways

Junctions

Roads in urban areas

Roads outside urban areas

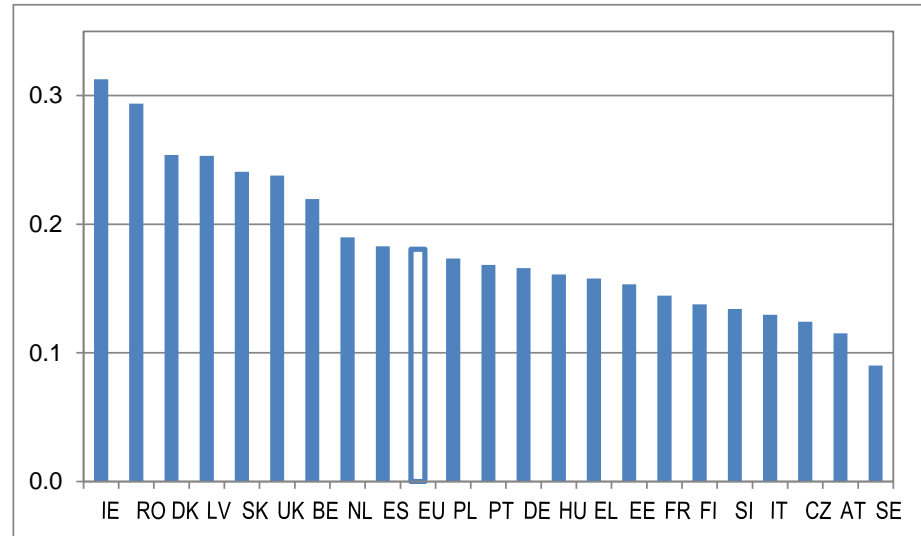
Seasonality

Single vehicle accidents

Gender

Causation

Figure 3: Relative child fatality rates per country, 2010



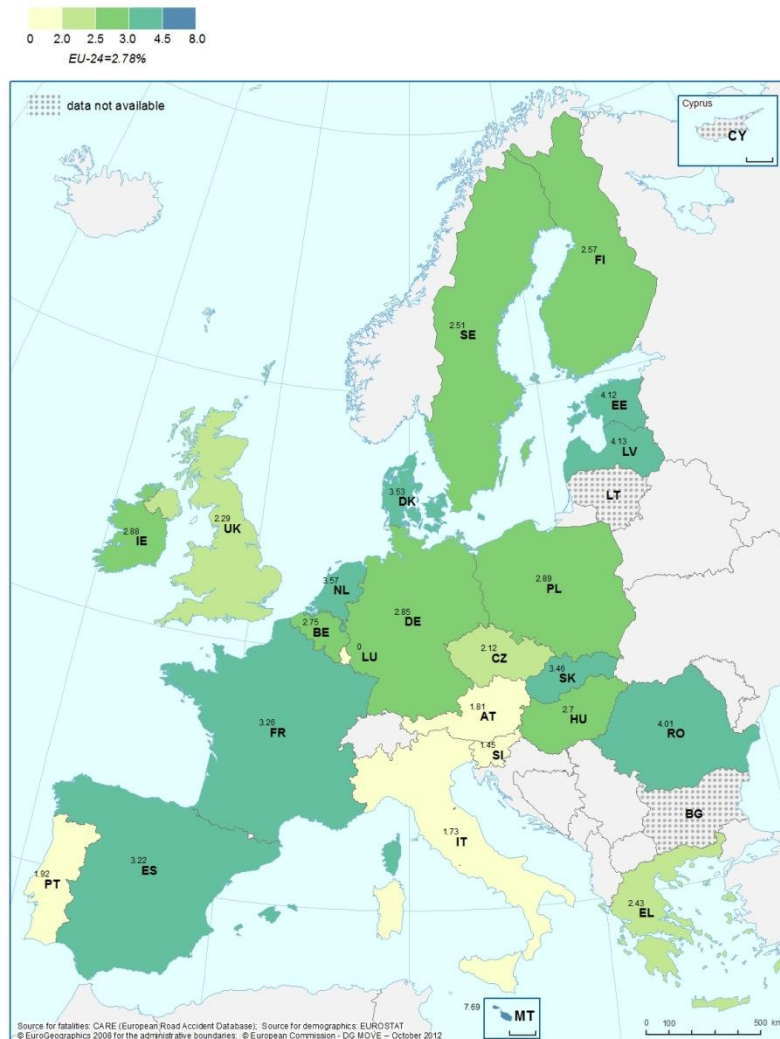
2009 fatality data for EE, NI, NL and SE used as proxies for the 2010 data

Source: CARE Database / EC
Date of query: September 2012
Source of population data: EUROSTAT

The child fatality rate was around 30% of the overall rate in Ireland and Romania, compared with around 10% in Austria and Sweden.

The number of child fatalities has reduced gradually as a proportion of all fatalities (Figure 2). Map 1 shows the proportion in each country for 2010.

Map 1: Child fatalities as a percentage of all fatalities, by country, 2010



Age and Gender

Table 3 presents the age and gender of child fatalities, whilst Figure 4 shows the proportions of child fatalities in each country by gender. Whilst girls account for approximately two-fifths of fatalities up to fourteen years old, females make up less than a quarter of adult fatalities. For girls as well as boys, more children aged 10-14 are killed than in either the under five or the 5-9 age groups.

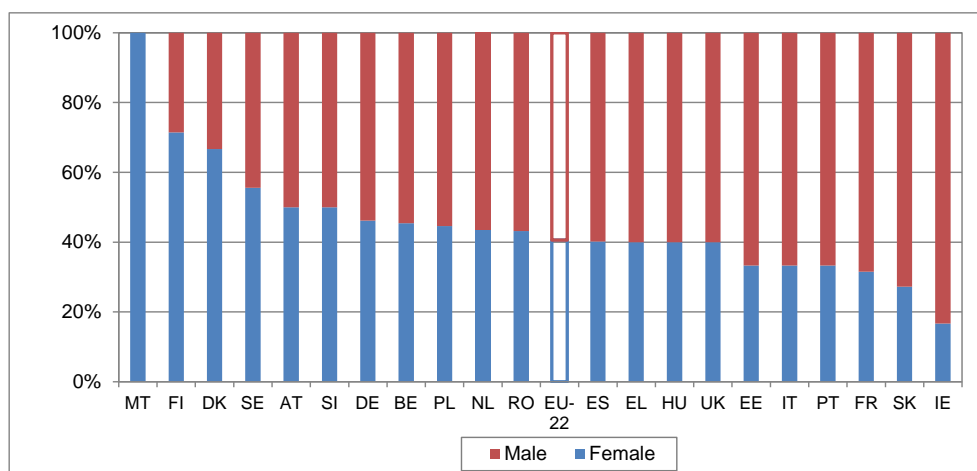
Table 3: Number of fatalities by gender, age and country, 2010

	Female				Male			
	0-4	5-9	10-14	15+	0-4	5-9	10-14	15+
BE	3	3	4	175	3	4	5	617
DK	0	3	3	73	0	0	3	167
DE	15	13	20	843	19	13	24	2.594
EE	0	0	1	22	0	1	1	69
IE	0	0	1	40	3	2	0	156
EL	2	3	7	209	9	4	5	978
ES	10	12	9	483	18	9	20	1.858
FR	14	14	13	830	27	17	45	2.950
IT	6	11	6	733	14	10	22	3.137
LU	0	0	0	8	0	0	0	24
HU	4	0	4	165	1	4	7	543
MT	0	0	1	3	0	0	0	8
NL	1	2	7	142	1	3	9	456
AT	3	0	2	128	1	2	2	404
PL	14	11	25	790	11	20	31	2.898
PT	2	3	1	191	4	4	4	722
RO	13	15	13	507	14	20	20	1.745
SI	1	0	0	31	0	1	0	103
SK	1	1	1	69	2	3	3	230
FI	2	2	1	58	0	1	1	202
SE	1	2	2	70	2	1	1	262
UK	6	5	9	482	11	13	6	1.602
EU-22	98	100	130	6.051	140	132	209	21.725
% by gender	41%	43%	38%	22%	59%	57%	62%	78%

2009 fatality data for EE, NI, NL and SE used as proxies for the 2010 data. The gender split was not available for CZ and LV.

Source: CARE Database / EC
Date of query: September 2012

Figure 4: Distribution of child fatalities by gender, 2010



2009 fatality data for EE, NI, NL and SE used as proxies for the 2010 data. The gender split was not available for CZ and LV.

Source: CARE Database / EC
Date of query: September 2012

Both for boys and girls, more are killed in the 10-14 age group than in either the under five or the 5-9 age groups.

Boys account for approximately three-fifths of road traffic accident fatalities amongst children.

Mode of Transport

Table 4 shows the distribution of child fatalities by mode of transport in 2010. More than two fifths of child fatalities were car or taxi occupants, and almost one third were pedestrians.

Table 4: Number of fatalities by mode of transport, 2010

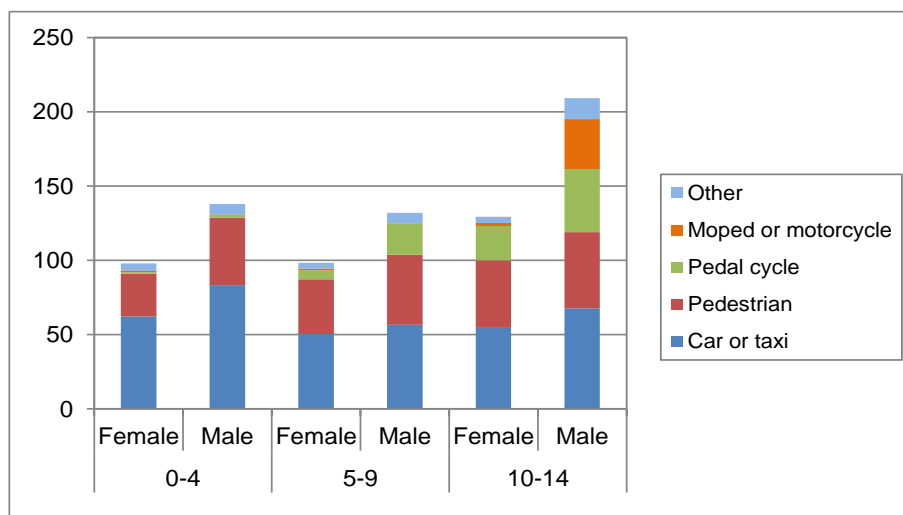
	Car or taxi	Pedestrian	Pedal cycle	Moped	Motor cycle	Bus or coach	Other/ not known	Total
BE	22%	48%	13%	0%	4%	0%	13%	23
CZ	59%	35%	0%	0%	0%	0%	6%	17
DK								9
DE	47%	27%	19%	0%	1%	1%	5%	104
EE								4
IE								6
EL	73%	13%	3%	0%	0%	0%	10%	30
ES	56%	30%	1%	3%	3%	0%	7%	79
FR	58%	18%	9%	5%	5%	0%	4%	130
IT	55%	16%	10%	12%	0%	1%	6%	69
LV								9
LU								0
HU	40%	40%	15%	0%	0%	0%	5%	20
MT								1
NL	4%	30%	65%	0%	0%	0%	0%	23
AT	40%	30%	20%	0%	0%	0%	10%	10
PL	47%	30%	13%	4%	1%	0%	4%	112
PT	56%	22%	0%	6%	6%	0%	11%	18
RO	31%	61%	5%	2%	0%	0%	1%	95
SI								2
SK	55%	36%	9%	0%	0%	0%	0%	11
FI								7
SE								9
UK	36%	47%	16%	0%	0%	0%	2%	45
EU-24	46%	32%	12%	3%	1%	0%	5%	833

2009 data for EE, NI, NL and SE used as proxies for the 2010 data. Percentages only for countries with at least 10 child fatalities.

Source: CARE Database / EC
Date of query: September 2012

Figure 5 examines the variation of mode of transport with age and gender. The range of modes varies with age and gender, presumably reflecting the changing travel choices of boys and girls as they grow older.

Figure 5: Number of fatalities by age, gender and mode of transport, EU-22, 2010



2009 data for EE, NI, NL and SE used as proxies for the 2010 data
The gender split was not available for CZ or LV

Source: CARE Database / EC
Date of query: September 2012

More than two fifths of children who died were travelling by car or taxi, whilst one third were pedestrians.

About one sixth of
child fatalities are
'drivers'.

Table 5 and Figure 6 show that almost half of child fatalities were passengers in 2010, whilst almost one third were pedestrians. About one sixth of child fatalities was a 'driver', which includes those who were riding a pedal cycle.

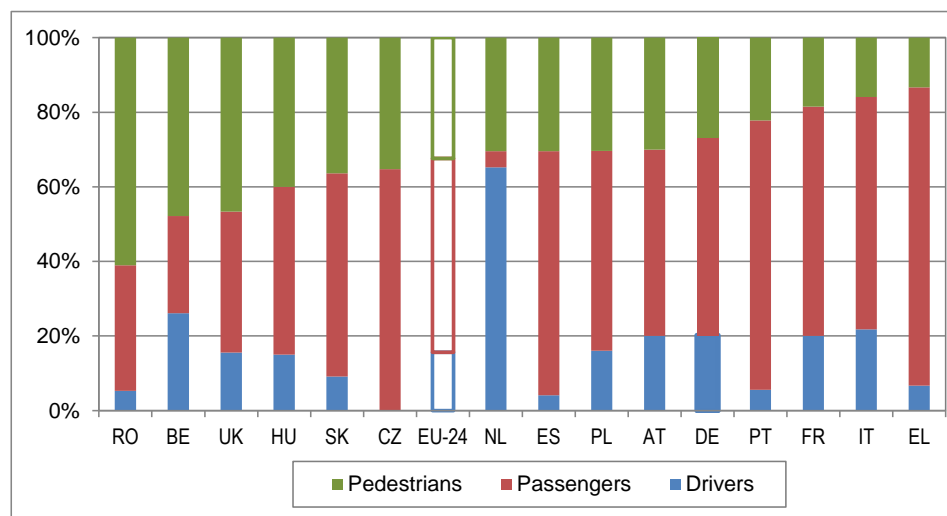
Table 5: Distribution of driver, passenger and pedestrian child fatalities, 2010

	Proportion of fatalities who are:			Number of fatalities
	Drivers	Passengers	Pedestrians	
BE	26%	26%	48%	23
CZ	0%	65%	35%	17
DK				9
DE	20%	53%	27%	104
EE				4
IE				6
EL	7%	80%	13%	30
ES	4%	66%	30%	79
FR	20%	62%	18%	130
IT	22%	62%	16%	69
LV				9
LU				0
HU	15%	45%	40%	20
MT				1
NL	65%	4%	30%	23
AT	20%	50%	30%	10
PL	16%	54%	30%	112
PT	6%	72%	22%	18
RO	5%	34%	61%	95
SI				2
SK	9%	55%	36%	11
FI				7
SE				9
UK	16%	38%	47%	45
EU-24	16%	52%	32%	833

2009 fatality data for EE, NI, NL and SE used as proxies for the 2010 data. Percentages only for countries with at least 10 child fatalities.

Source: CARE Database / EC
Date of query: September 2012

Figure 6: Distribution of driver, passenger and pedestrian child fatalities, 2010



2009 fatality data for EE, NI, NL and SE used as proxies for the 2010 data. Only countries with at least 10 child fatalities are included.

Source: CARE Database / EC
Date of query: September 2012

Area and Type of Road

The CARE data show whether each accident occurs on a motorway or not, and, if not, whether each occurs in an urban or a rural area. Table 6 shows the distribution of child fatalities in each country, the data displayed in Figure 7 with 'not known' cases distributed *pro rata*. Fewer than one in ten child fatalities was killed on a motorway, with almost one half killed on rural roads that are not motorways.

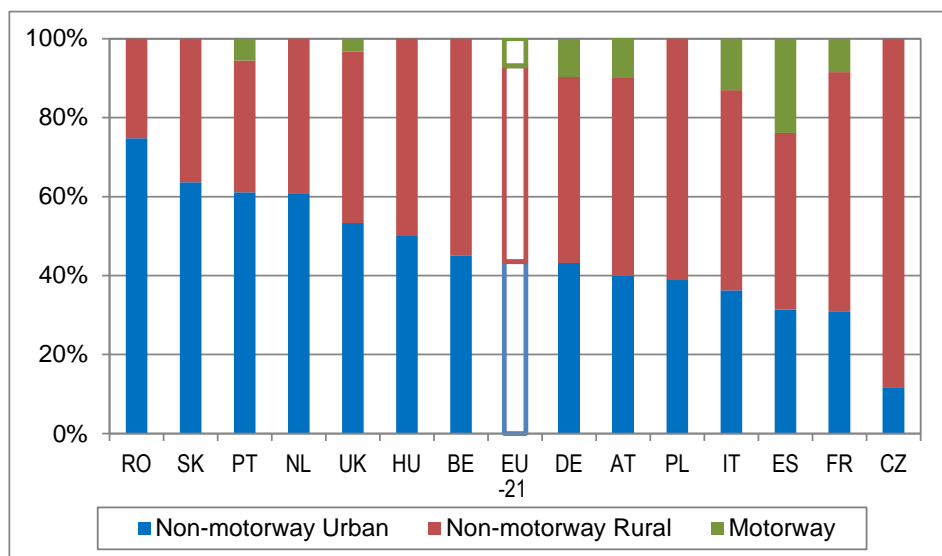
Table 6: Distribution of child fatalities by road type, 2010

	Motorway	Non-motorway Rural	Non-motorway Urban	Not known	Total
BE	0%	48%	39%	13%	23
CZ	0%	88%	12%	0%	17
DK					9
DE	10%	47%	43%	0%	104
ES	24%	45%	31%	0%	79
FR	8%	61%	31%	0%	130
IT	13%	51%	36%	0%	69
LV					9
LU					0
HU	0%	50%	50%	0%	20
MT					1
NL	0%	39%	61%	0%	23
AT	10%	50%	40%	0%	10
PL	0%	49%	31%	20%	112
PT	6%	33%	61%	0%	18
RO	0%	25%	75%	0%	95
SI					2
SK	0%	36%	64%	0%	11
FI					7
SE					9
UK	2%	29%	36%	33%	45
EU-21	7%	47%	41%	5%	793

2009 fatality data for NI, NL and SE used as proxies for the 2010 data. Percentages only for countries with at least 10 child fatalities. EL, IE and EE are omitted as road type is largely not known

Source: CARE Database / EC
Date of query: September 2012

Figure 7: Distribution of child fatalities by road type, 2010



2009 fatality data for NI, NL and SE used as proxies for the 2010 data. Only countries with at least 10 child fatalities are included. EL, IE and EE are omitted as road type is largely not known.

Source: CARE Database / EC
Date of query: September 2012

Fewer than one in ten child fatalities occur on motorways, almost half occur on rural roads that are not motorways.

Main Figures

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(Aged < 15)

Youngsters
(Aged 15-17)

Young People
(Aged 18-24)

The Elderly
(Aged > 64)

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Time of Day

The day has been divided into six four-hour periods beginning at midnight in order to examine the distribution of child fatalities by time of day. Table 7 shows that, across the EU, one third of the fatalities occur between 4pm and 8pm, over a quarter occur between noon and 4pm and a sixth occur between 8pm and midnight.

Table 7: Distribution of child fatalities by time of day, 2010

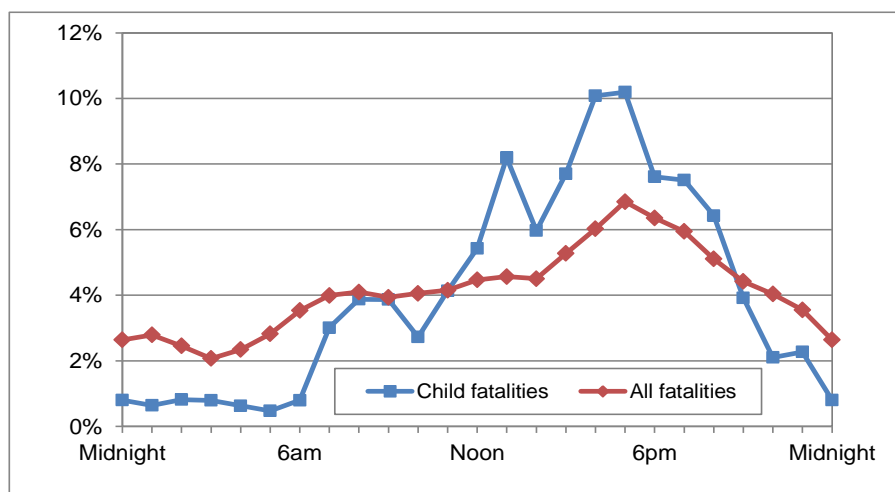
	0.00-3.59	4.00-7.59	8.00-11.59	12.00-15.59	16.00-19.59	20.00-23.59	Total
BE	4%	4%	13%	26%	30%	22%	23
CZ	0%	12%	41%	24%	18%	6%	17
DK							9
EE							4
IE							6
EL	10%	3%	10%	27%	23%	27%	30
ES	8%	1%	15%	23%	30%	23%	79
FR	4%	5%	17%	20%	37%	17%	130
IT	4%	6%	10%	19%	45%	16%	69
LV							9
LU							0
HU	0%	0%	15%	25%	55%	5%	20
MT							1
NL	0%	13%	13%	35%	35%	4%	23
AT	10%	0%	10%	30%	50%	0%	10
PL	0%	7%	12%	42%	29%	11%	112
PT	0%	0%	11%	28%	39%	22%	18
RO	2%	3%	12%	36%	27%	20%	95
SI							2
SK	0%	0%	18%	27%	55%	0%	11
FI							7
SE							9
UK	0%	2%	11%	27%	49%	11%	45
EU-23	3%	5%	14%	28%	34%	15%	729

DE omitted as hour is not known. Percentages only for countries with at least 10 child fatalities. 2009 fatality data for NI, NL and SE used as proxies for the 2010 data

Source: CARE Database / EC
Date of query: September 2012

Figure 8 compares the distributions of child fatalities and all fatalities by hour. By comparison with the overall distribution, there are relatively many child fatalities between noon and 7.59pm, and relatively few between 9pm and 7.59am.

Figure 8: Distribution of fatalities by hour, EU-23, 2010



DE omitted as hour is not known. 2009 fatality data for NI, NL and SE used as proxies for the 2010 data.

Source: CARE Database / EC
Date of query: September 2012

One third of child fatalities are killed between 4 and 8pm.

The peak period for child fatalities is between 4 and 6pm.

Main Figures

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(Aged < 15)

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(Aged 15-17)

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(Aged 18-24)

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(Aged > 64)

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Causation

Day of Week

Table 8 shows the distribution of child fatalities by day of the week. On average in the EU, Saturday and Sunday have the most fatalities and Monday has the fewest.

Table 8: Distribution of child fatalities by day of week, 2010

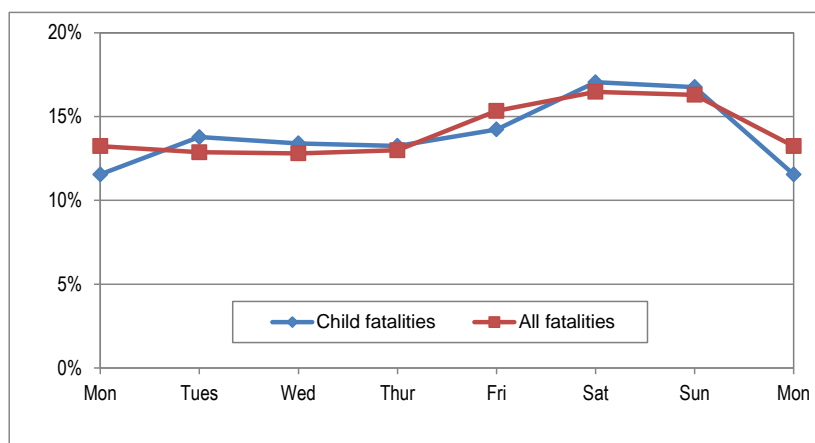
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total
BE	4%	17%	22%	9%	13%	22%	13%	23
CZ	12%	18%	18%	12%	12%	0%	29%	17
DK								9
DE	9%	17%	13%	13%	13%	20%	14%	104
EE								4
IE								6
EL	23%	10%	3%	17%	13%	20%	13%	30
ES	10%	11%	13%	13%	12%	19%	21%	79
FR	15%	10%	17%	17%	13%	12%	17%	130
IT	7%	19%	10%	13%	9%	17%	25%	69
LV								9
LU								0
HU	0%	25%	5%	20%	10%	30%	10%	20
MT								1
NL	9%	17%	13%	9%	26%	9%	17%	23
AT	20%	10%	20%	10%	40%	0%	0%	10
PL	13%	15%	13%	11%	13%	16%	19%	112
PT	11%	6%	6%	11%	11%	28%	28%	18
RO	11%	9%	13%	12%	21%	18%	17%	95
SI								2
SK	27%	27%	0%	27%	9%	0%	9%	11
FI								7
SE								9
UK	13%	18%	20%	11%	11%	24%	2%	45
EU-24	12%	14%	13%	13%	14%	17%	17%	833

2009 fatality data for EE, NI, NL and SE used as proxies for the 2010 data. Percentages only for countries with at least 10 child fatalities

Source: CARE Database / EC
Date of query: September 2012

Figure 9 compares the distributions of child fatalities and all fatalities by day of week. By comparison with the overall distribution, there are relatively few child fatalities on Mondays and relatively many on Fridays.

Figure 9: Distribution of child fatalities by day of week, EU-24, 2010



2009 fatality data for EE, NI, NL and SE used as proxies for the 2010 data

Source: CARE Database / EC
Date of query: September 2012

Saturday and Sunday are the days of the week with most child fatalities, 17% compared with 12% on a Monday.

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(Aged > 64)

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urban areas

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Single vehicle
accidents

Gender

Causation

Seasonality

Table 9 shows the distribution of child fatalities through the year, using pairs of months. The peak period for the EU-24 as a whole is July/August, with fewest fatalities in January/February.

Table 9: Distribution of child fatalities by month, 2010

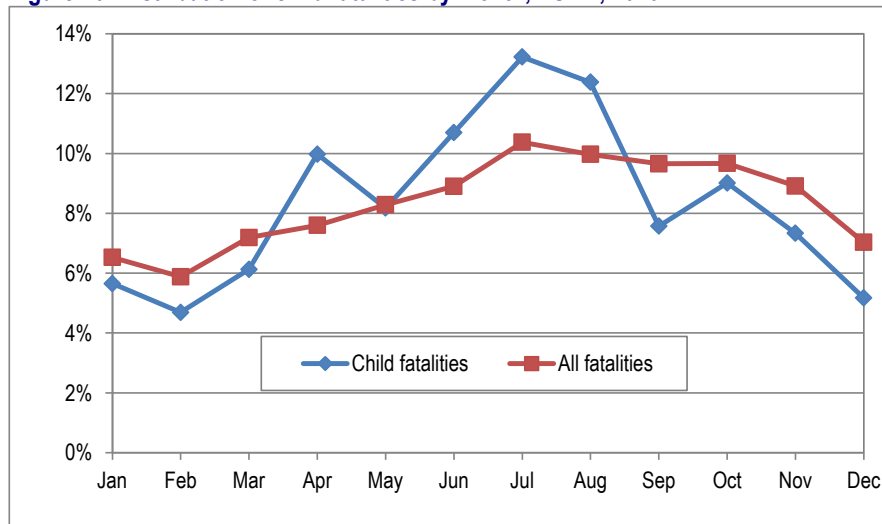
	January/ February	March/ April	May/ June	July/ August	September/ October	November/ December	Total
BE	22%	17%	22%	13%	22%	4%	23
CZ	0%	29%	12%	18%	6%	35%	17
DK							9
DE	8%	18%	21%	32%	12%	10%	104
EE							4
IE							6
EL	20%	13%	7%	20%	33%	7%	30
ES	8%	8%	15%	36%	19%	14%	79
FR	9%	19%	14%	23%	22%	13%	130
IT	7%	17%	19%	30%	14%	12%	69
LV							0
LU							0
HU	10%	10%	25%	25%	20%	10%	20
MT							1
NL	13%	26%	30%	13%	4%	13%	23
AT	0%	10%	40%	40%	0%	10%	10
PL	6%	11%	19%	25%	22%	17%	112
PT	6%	17%	17%	17%	33%	11%	18
RO	13%	16%	27%	26%	7%	11%	95
SI							2
SK	27%	18%	9%	18%	18%	9%	11
FI							7
SE							9
UK	16%	24%	18%	18%	16%	9%	45
EU-24	10%	16%	19%	26%	17%	13%	833

2009 data for EE, NI, NL and SE used as proxies for the 2010 data. Percentages only for countries with at least 10 child fatalities.

Source: CARE Database / EC
Date of query: September 2012

The monthly distribution of child fatalities is displayed in Figure 10. By comparison with the overall distribution, there are relatively many child fatalities in April and between June and August, and relatively few between September and March.

Figure 10: Distribution of child fatalities by month, EU-24, 2010



2009 data for EE, NI, NL and SE used as proxies for the 2010 data

Source: CARE Database / EC
Date of query: September 2012

The number of fatalities amongst children is highest in August, over twice the January-March average.

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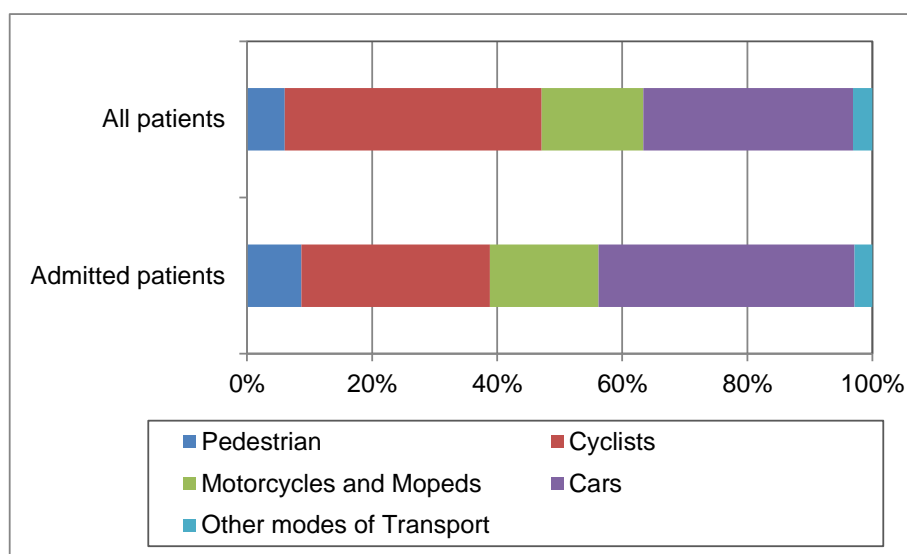
By 2012, thirteen member states routinely collected data in a sample of hospitals and contributed them to the EU Injury Database.

ROAD ACCIDENT HEALTH INDICATORS

Injury data can be obtained from a wide range of sources, such as police and ambulance reports, national insurance schemes, and hospital records, each of which provides a specific but yet incomplete picture of the injuries suffered in road accidents. In order to obtain a comprehensive view of these injuries, the EU Council issued a Recommendation that urges member states to use synergies between existing data sources and to develop national injury surveillance systems rooted in the health sector.⁴ At present, thirteen member states are routinely collecting injury data in a sample of hospitals and delivering these data to the Commission. This system is called the EU Injury Database (EU IDB).⁵

Within the EU IDB “transport module” injuries suffered in road accidents are recorded by “mode of transport”, “role of injured person” and “counterpart”. These variables can complement information from police records, in particular for injury patterns and the improved assessment of injury severity. The indicators used include the percentage of casualties attending hospital who are admitted to hospital, the mean length of stay of hospital admissions, the nature and type of body part injured, and potentially also long term consequences of injuries.

Figure 11: Distribution of non-fatal road accident casualties attending hospital, by mode of transport



EU Injury Database (EU IDB AI) - hospital treated patients. IDB AI Transport module and place of occurrence (code 6.n [public road]); n-all = 73.600; n-admitted = 23.568 (DE, DK, LV, MT, AT, NL, SE, SI, CY, years 2005-2008).

Figure 11 is based on IDB data from nine countries for accidents that occurred between 2005 and 2008. Vulnerable road users (pedestrians, cyclists, motorcycles and mopeds) accounted for almost two thirds (63%) of road accident casualties attending hospital, and for over half of casualties admitted to the hospital (56%).

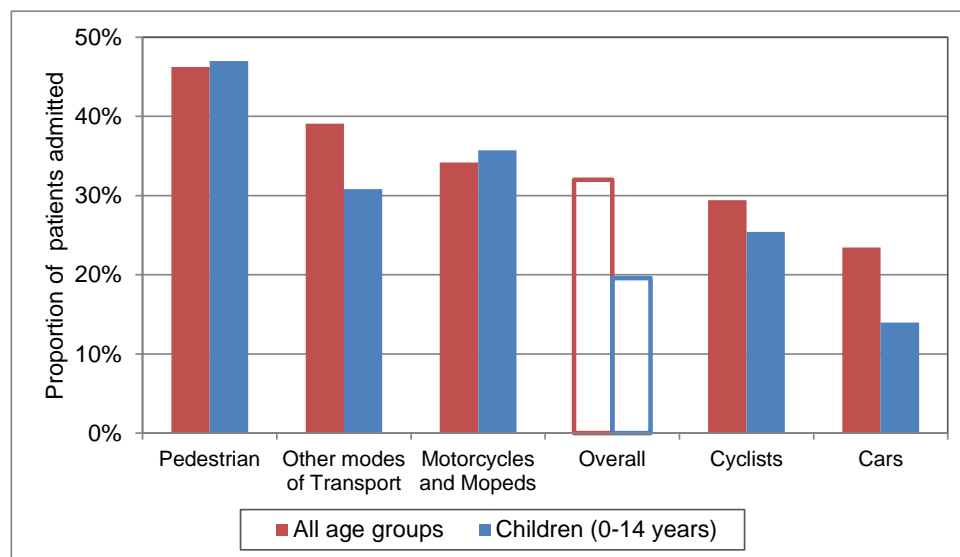
⁴ OJ C 164/1, 18.7.2007

⁵ <https://webgate.ec.europa.eu/sanco/heidi/index.php/IDB>

According to estimates based on the EU IDB more than four million people are injured annually in road traffic accidents, one million of whom have to be admitted to hospital.

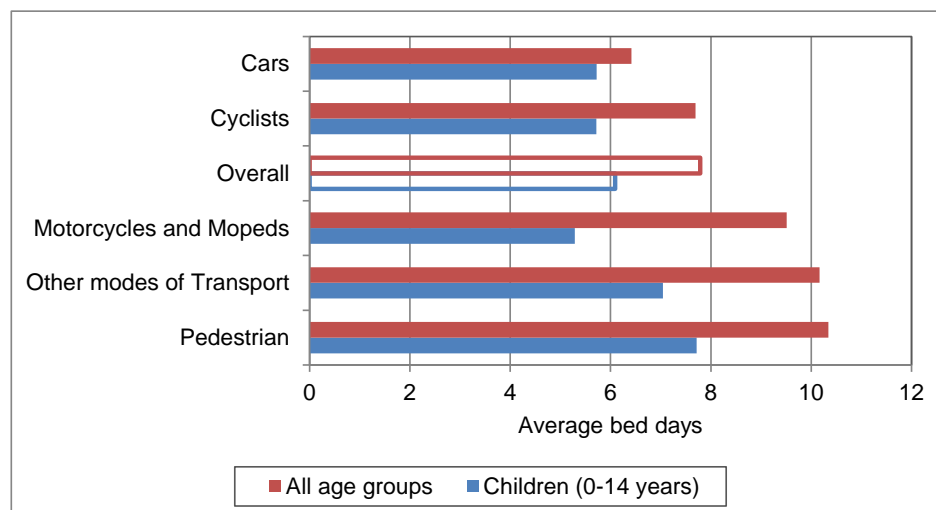
Figure 12 shows that overall 32% of road accident casualties recorded in the IDB were admitted to hospital, compared with 20% for children. Figure 13 shows that the overall average length of stay of eight days, compared with six days for children.

Figure 12: Proportion of casualties who were admitted to hospital, by age group and mode of transport



EU Injury Database (EU IDB AI) - hospital treated patients. IDB AI Transport module and place of occurrence (code 6.n [public road]); n-all = 73,600, n-children = 10,123, n-children admitted = 1,984 (DE, DK, LV, MT, AT, NL, SE, SI, CY, years 2005-2008).

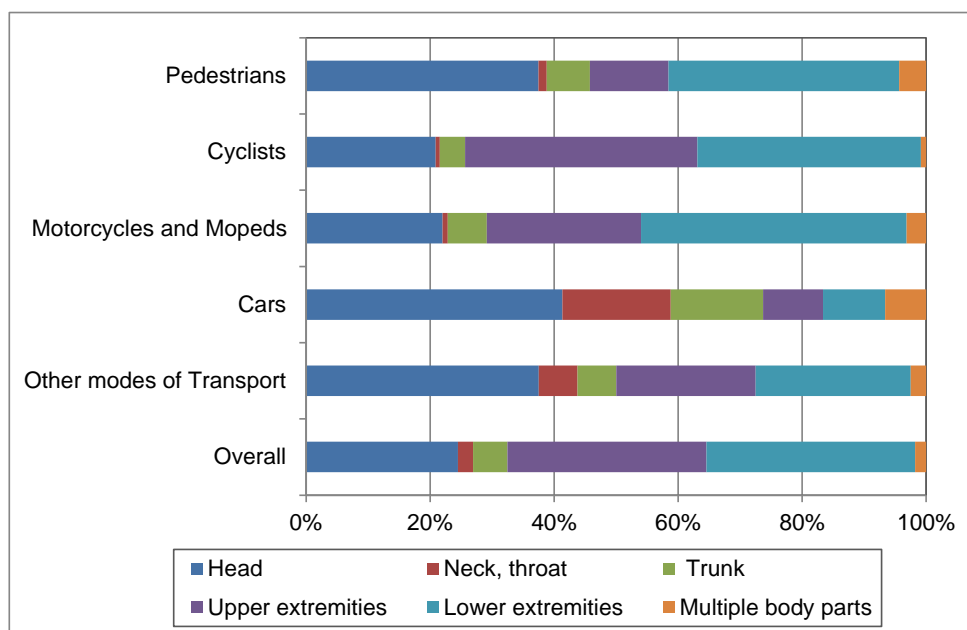
Figure 13: Average length of stay (hospital bed days), by age group and mode of transport



Source: See Figure 12

20% of the child casualties who attended a hospital were admitted to the hospital; their average stay in hospital was six days.

Figure 14: Body part injured in children, by mode of transport



Source: See Figure 12

Naturally, hospital data can provide information on the injury patterns sustained by the accident victims. Figure 14 presents the distribution of the body parts of child casualties that were injured by type of road user.

Table 10 shows the types of injuries most frequently recorded in the EU IDB. It compares the distribution of injuries among children and among road users of all ages.

Table 10: Ten most frequently recorded types of injury, by age group

	Children (0-14 years)	All ages
Contusion, bruise	35%	38%
Fracture	28%	20%
Open wound	12%	10%
Distortion, sprain	7%	9%
Concussion	6%	8%
Other specified brain injury	2%	2%
Luxation, dislocation	1%	1%
Injury to muscle and tendon	0%	2%
Abrasion	2%	2%
Injury to internal organs	1%	1%
Other specified types of injury	4%	4%
Total	100%	100%

Source: See Figure 12

Contusions and bruises account for 35% of all traffic injuries suffered by children who attended a hospital for treatment.

Disclaimer

The information in this document is provided as it is and no guarantee or warranty is given that the information is fit for any particular purpose. Therefore, the reader uses the information at their own risk and liability.

For more information

Further statistical information about fatalities is available from the CARE database at the Directorate General for Mobility and Transport of the European Commission, 28 Rue de Mot, B -1040 Brussels.

Traffic Safety Basic Fact Sheets available from the European Commission concern:

- Main Figures
- Children (Aged <15)
- Youngsters (Aged 15-17)
- Young People (Aged 18-24)
- The Elderly (Aged >64)
- Pedestrians
- Cyclists
- Motorcycles and Mopeds
- Car occupants
- Heavy Goods Vehicles and Buses
- Motorways
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- Urban areas
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Country abbreviations used and definition of EU-level

EU - 19		EU-24= EU-19 +	
BE	Belgium	EE	Estonia
CZ	Czech Republic	HU	Hungary
DK	Denmark	LV	Latvia
DE	Germany	SK	Slovakia
IE	Ireland	MT	Malta
EL	Greece		
ES	Spain		
FR	France		
IT	Italy		
LU	Luxembourg		
NL	Netherlands		
AT	Austria		
PL	Poland		
PT	Portugal		
RO	Romania		
SI	Slovenia		
FI	Finland		
SE	Sweden		
UK	United Kingdom (GB+NI)		

Detailed data on traffic accidents are published annually by the European Commission in the Annual Statistical Report. This includes a glossary of definitions on all variables used.

More information on the DaCoTA Project, co-financed by the European Commission, Directorate-General for Mobility and Transport is available at the DaCoTA Website: <http://www.dacota-project.eu/index.html>.

Please refer to this report as follows:
Broughton, J., et al. (2012) Basic Fact Sheet "Children", Deliverable D3.9 of the EC FP7 project DaCoTA.

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